

Current Bank / Branch:	New Bank:
Customer / account name:	New Bank contact details:

The above customer is in the process of changing their account(s) to New Bank. The account closure process takes at least five (5) business days from receipt of this form unless the customer has specified a longer account closure date in the account closure box below.

Current Bank account number(s)				Close	AP	BP	DD	New Bank account number(s)			
				Y / N							
				Y / N							
				Y / N							

  

Payment cancellation date:	Account closure date:						
<table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width:15%; padding: 2px;">DD</td> <td style="width:15%; padding: 2px;">MM</td> <td style="width:70%; padding: 2px;">YYYY</td> </tr> </table>	DD	MM	YYYY	<table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width:15%; padding: 2px;">DD</td> <td style="width:15%; padding: 2px;">MM</td> <td style="width:70%; padding: 2px;">YYYY</td> </tr> </table>	DD	MM	YYYY
DD	MM	YYYY					
DD	MM	YYYY					

### Request for information to be provided to New Bank

Please provide to New Bank details of current payment authorities on the above account(s) held within five (5) business days of receiving this request.

Include additional comments (if any):

### Customer authorisation and indemnity:

- I/We authorise New Bank to request information about the payment authorities operating on my/our accounts held with Current Bank and to use this information to transfer those authorities to my/our accounts held with New Bank.
- I/we authorise Current Bank to release any payment authority information requested by New Bank and action account closure if indicated above to New Bank.
- I/We authorise New Bank to action the payment authorities of my/our account, and until further notice, debit my/our nominated account(s) with all amounts of the payment authorities as provided.
- I/We authorise any Initiators, upon written notice from my/our New Bank, to amend my/our account payment authority details to that of my/our New Bank.
- I/We agree to indemnify and to keep indemnified Current Bank and New Bank against all claims, demands, actions, suits, proceedings, liabilities, damages, payments, loss, costs and expenses that may arise in relation to or in any way arising out of either of them acting on my/our instructions to transfer my/our authorities from Current Bank.

Customer name:	Customer name:
Signature:	Signature:
Date:	Date:

Customer contact details:

Preferred method of customer contact:

Phone:	Email:
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